



Michigan Department of Licensing and Regulatory Affairs
MICHIGAN LIQUOR CONTROL COMMISSION (MLCC)
 7150 Harris Drive, P.O. Box 30005
 Lansing, Michigan 48909-7505

REPORT OF CORPORATE OFFICERS, BOARD OF DIRECTORS & STOCKHOLDERS

[Authorized by MCL 436.1529(1) and MAC R 436.1051]

GENERAL INSTRUCTIONS

- The provisions of MCL 436.1529(1) prohibit the transfer of more than 10% of the stock interest of a licensed corporation without the **prior** consent of the MLCC. A person that owns or acquires 10% or more interest in a privately held corporation shall submit fingerprints.
- This report is part of the license application and must be completed by an officer of the corporation who is authorized to sign and execute documents.
- PUBLIC CORPORATIONS:** Complete sections 1-5 and 7-9 and sign the CERTIFICATION on page 2 of this form.
- PRIVATELY HELD CORPORATIONS** Complete sections 1-9 and sign the CERTIFICATION on page 2 of this form.

1. Name and registered address of corporation			
2. Type of license		3. State in which Articles of Incorporation filed	
4. Date authorized to do business in Michigan or date Articles of Incorporation filed with Michigan Corporation Division. _____		5. Check type of corporation: <input type="checkbox"/> Privately held (not traded on stock exchange) <input type="checkbox"/> Publicly traded	
6. Stockholder Information [This section must be completed by all privately held corporations]			
NAME AND ADDRESS OF STOCKHOLDERS	STOCK CERTIFICATE NO.	DATE ISSUED	NO. OF SHARES
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
If more listings are needed please attach an additional page showing the same information. (continued)			

7. CORPORATE OFFICERS	NAME AND ADDRESS
President	
Vice President	
Secretary	
Treasurer	
Asst. Secretary	

8. BOARD OF DIRECTORS	NAME AND ADDRESS
Chairperson	
Vice-Chairperson	
Secretary	
Director	
Director	

9. NAME AND ADDRESS OF DESIGNATED PERSONS AUTHORIZED TO CONDUCT BUSINESS, SIGN THE APPLICATION AND ANY DOCUMENTS REQUIRED BY THE MLCC. NOTE: STOCKHOLDERS & OFFICERS LISTED ON THIS FORM ARE CONSIDERED AUTHORIZED UNLESS EXPRESSLY EXCLUDED IN A WRITTEN AGREEMENT EXECUTED BY ALL STOCKHOLDERS THAT MUST BE PROVIDED TO THIS OFFICE.

PLEASE INDICATE OTHER DESIGNEES ONLY

WARNING: The Liquor Control Code of 1998 provides as follows in Section 1003, being MCL 436.2003 "... A person who makes a false or fraudulent statement to the commission, orally or in writing, for the purpose of inducing the commission to act or refrain from taking action or for the purpose of enabling or assisting a person to evade the provisions of this act is guilty of a violation of this act and is punishable in the manner provided for in Section 909. . . ."

I, certify that the information contained in this report and any attachments are complete, true, and taken from the records of this Corporation and that I understand the **WARNING** above.

SIGNATURE: _____ PRINT NAME: _____

DATE: _____ POSITION: _____



Michigan Department of Licensing and Regulatory Affairs
MICHIGAN LIQUOR CONTROL COMMISSION (MLCC)
 7150 Harris Drive, P.O. Box 30005
 Lansing, Michigan 48909-7505

**REPORT OF LIMITED LIABILITY COMPANY MEMBERS,
 MANAGERS & ASSIGNEES**

[Authorized by MCL 436.1529 (1) and MAC R 436.1110]

GENERAL INSTRUCTIONS

- The provisions of MCL436.1529(1) and R 436.1110 prohibit the transfer of more than 10% of the interest of a limited liability company without the prior consent of the MLCC. A person that owns or acquires 10% or more interest in a limited liability company shall submit fingerprints.
- Sections 1-9 must be completed and this report must be signed by a Manager or at least one member, if management is reserved to the members of the limited liability company, who is authorized to sign and execute documents required by the MLCC

1. Name and registered address of limited liability company		
2. Type of license	3. State in which Articles of Organization filed	
4. Date authorized to do business in Michigan or date Articles of Organization filed with Michigan Corporation Division. _____	5. Check type of limited liability company: <input type="checkbox"/> Privately held (not traded on stock exchange) <input type="checkbox"/> Publicly traded	
6. Member/Assignee Information		
NAME AND ADDRESS OF MEMBERS/ASSIGNEES	% OF INTEREST	DATE ISSUED
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
If more listings are needed please attach an additional page showing the same information.		(continued)

7. NAME AND ADDRESS OF THE MANAGER(S) OF THE LIMITED LIABILITY COMPANY [IF NOT MEMBERS/ASSIGNEES INDICATED ABOVE]

8. NAME AND ADDRESS OF ASSIGNEES OF INTEREST OF THE LIMITED LIABILITY COMPANY [IF NOT MEMBERS/ASSIGNEES INDICATED ABOVE]

9. NAME AND ADDRESS OF DESIGNATED PERSONS AUTHORIZED TO CONDUCT BUSINESS, SIGN THE APPLICATION AND ANY DOCUMENTS REQUIRED BY THE MLCC. NOTE: ALL MEMBERS, MANAGERS & ASSIGNEES LISTED ON THIS FORM ARE CONSIDERED AUTHORIZED <u>UNLESS</u> EXPRESSLY EXCLUDED IN A WRITTEN AGREEMENT EXECUTED BY ALL MEMBERS THAT MUST BE PROVIDED TO THIS OFFICE. <u>PLEASE INDICATE OTHER DESIGNEES ONLY.</u>

WARNING: The Liquor Control Code of 1998 provides as follows in Section 1003, being MCL 436.2003 ". . . A person who makes a false or fraudulent statement to the commission, orally or in writing, for the purpose of inducing the commission to act or refrain from taking action or for the purpose of enabling or assisting a person to evade the provisions of this act is guilty of a violation of this act and is punishable in the manner provided for in Section 909. . ."

I, certify that the information contained in this report and any attachments are complete, true and taken from the records of this limited liability company and that I understand the **WARNING** above.

SIGNATURE: _____ PRINT NAME: _____
DATE: _____ POSITION: _____



Michigan Department of Licensing and Regulatory Affairs
MICHIGAN LIQUOR CONTROL COMMISSION (MLCC)

7150 Harris Drive, P.O. Box 30005
 Lansing, Michigan 48909-7505

**INDIVIDUAL STOCKHOLDER, LIMITED LIABILITY MEMBER
 OR CORPORATE STOCKHOLDER QUESTIONNAIRE**

[Authorized by MCL 436.1916 and R 436.1403]

FOR MLCC USE ONLY

Request ID # _____

Business ID # _____

General Instructions: Completion of this form is required to be considered for a license. All Applicants must complete Part 1 and Part 2. Individual stockholders / members must also complete Part 3. Corporate stockholders must also complete part 4. Sign the completed form in ink and return it to the MLCC address above.

PART 1. Applicant Corporation / Limited Liability Company Identification

Full name of Corporation / Limited Company: _____

Business Street Address: _____

City or Village: _____ State: _____ Zip Code: _____ County: _____

PART 2. Stockholder / Member Identification – all stockholders/members (Individual or corporate).

Name of Individual, Corporate Stockholder or Limited Liability Company Member: _____

Street Address: _____

City or Village: _____ State: _____ Zip Code: _____

Home Telephone No. () _____ Business Telephone No. () _____

I am, or will be, the owner of the following shares of stock in this Corporation or % of membership interest, if any (include, joint ownership, trusteeships, etc.)

Number of Shares or % of Membership
 Membership Interest

Common or Preferred

Other Names on these Share or
 Membership Interest

PART 3. Individual Stockholders / Members complete this section:

Sex: F M Date of Birth _____ Place of Birth _____ Social Security No _____

Are you a U. S. Citizen? Yes No Are you a Naturalized Citizen? Yes No Number _____

OR If you are not a U. S. Citizen, are you a registered alien? Yes No Alien Reg. Number _____

OR, If you are not a registered alien, do you have a Visa? Yes No If so please list TYPE: _____

Have you ever legally changed your name? Yes No If Yes, from _____ to _____

If you have ever been known by any other names list them here: _____

Full Name of Spouse _____

If Spouse is known by any other names list them here: _____

Spouse Date of Birth _____ Spouse Place of Birth _____

Do you or your spouse hold any law enforcement powers, including powers of arrest? Yes No

If Yes, please explain: _____

Do you or your spouse hold interest in any manufacturer and/or wholesaler license? Yes No

If Yes, please explain: _____

I or my spouse previously held, or now hold, interest in the following licenses for sale of alcoholic beverages as sole licensee, partner, or stockholder / member: _____

	Name of Licensee	Type of License	Location	Date
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Attach additional sheet if necessary

List your former employers for the past three years:

	Dates	Occupation	Employer Name and Address
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Attach additional sheet if necessary

Have you or your spouse ever been arrested? ☐ Yes ☐ No

If Yes, list all arrests on a separate sheet of paper including date of arrest, place, charge and disposition issued. Exclude minor traffic violations but include all alcohol arrests.

PART 4. Corporate Stockholders / Limited Liability Company Members – Complete this section:

Corporation/LLC Name: _____

Incorp./Organization Date: _____ State of Incorp./Organization: _____

Michigan Authorization Date: _____

Resident Agent Name, Address, Telephone No. : _____

Check one of each: Profit or Non-Profit Corporation and Public or Private Corporation

Date last annual report / statement filed with Michigan Corporation & Securities: _____

Corporate Officers: NAME ADDRESS PHONE NUMBER

President _____

Vice-President _____

Secretary _____

Treasurer _____

Number of Shares Authorized: Common _____ Preferred _____

Number of Shares Issued: Common _____ Preferred _____

Person (s) authorized to sign the application on behalf of the corporate stockholder or limited liability company member: _____

THE COMMISSION WARNS ALL APPLICANTS FOR LICENSES NOT TO INVEST ANY MONEY OR TO COMMIT THEMSELVES TO ANY BINDING AGREEMENTS IN THE EXPECTATION OF BEING ISSUED A LICENSE FOR SALE OF ALCOHOLIC BEVERAGES UNTIL OFFICIALLY NOTIFIED BY THE MLCC THAT THEIR APPLICATION HAS BEEN APPROVED.

WARNING! Section 436.2003 of the Liquor Control Code provides:

"A person who makes a false or fraudulent statement to the Commission, orally or in writing, for the purpose of inducing the Commission to act or refrain from taking action, or for the purpose of enabling or assisting any person to evade the provisions of this act is guilty of a violation of this act and is punishable in the manner provided for in section 909." Further, the rules and regulations of the Commission entitled "General Rules" provide: "A licensee shall not obtain a license for the use or benefit of another person whose name does not appear on the license nor shall a licensee allow a person whose name does not appear on the license to use or benefit from the license," and, "A licensee shall not sell or transfer an interest in a business licensed by the Commission without the prior written approval of the Commission."

I hereby swear that I have read all of the above answers and that they are true and that I have read and understand the warnings.

Date of Application

Signature of Applicant

Name of person completing this form if not applicant



Michigan Department of Licensing and Regulatory Affairs
LIQUOR CONTROL COMMISSION (MLCC)
7150 Harris Drive, P.O. Box 30005 - Lansing, Michigan 48909-7505

Print Form

FOR MLCC USE ONLY

APPLICATION FOR NEW LICENSES, OR APPLICATION OF BUYERS FOR TRANSFER OF OWNERSHIP OR INTEREST IN LICENSE

Instructions: This application must be completed and returned with a \$70.00 inspection fee for each license before it can be considered. All answers must be typed or printed. Sign the completed form in ink and return it to the Commission with the inspection fee. MAKE ALL CHECKS OR MONEY ORDERS PAYABLE TO "STATE OF MICHIGAN".

1. Applicant Identification - all applicants

Name of individual, partnership, corporation or limited liability company who will hold the license:	Contact Person Name:
Business Street Address:	Street Address:
City / State / Zip Code:	City / State / Zip Code:
Township: County:	Business Phone No. Home Phone No.

<input type="checkbox"/> New License	<input type="checkbox"/> Transfer of Ownership - NAME of current Licensee: _____	
<input type="checkbox"/> New Permit	<input type="checkbox"/> Transfer Location From ADDRESS: _____	
TOWNSHIP and COUNTY: _____		
<input type="checkbox"/> Add Partner	<input type="checkbox"/> Transfer Status from Individual or	<input type="checkbox"/> Transfer Classification
<input type="checkbox"/> Drop Partner	<input type="checkbox"/> Limited Partnership to a Corporation	<input type="checkbox"/> Tavern to Class C
<input type="checkbox"/> Add Space	<input type="checkbox"/> Drop Space	<input type="checkbox"/> Class C to Tavern
<input type="checkbox"/> Stock Transfer	<input type="checkbox"/> Other: _____	<input type="checkbox"/> B-Hotel to Class C
		<input type="checkbox"/> Class C to B-Hotel

3. Retail Applicants - (All existing permits will be included with a transferred license unless cancelled in writing)

3a. Check Type of License	3b. Check Type of Permits
<input type="checkbox"/> SDM	<input type="checkbox"/> Sunday Sales
<input type="checkbox"/> Class C	<input type="checkbox"/> Add Bar
<input type="checkbox"/> A-Hotel	<input type="checkbox"/> Dance
<input type="checkbox"/> B-Hotel	<input type="checkbox"/> Dance/Entertainment
<input type="checkbox"/> Tavern	<input type="checkbox"/> Direct Connection
<input type="checkbox"/> Club	<input type="checkbox"/> Living Quarters
<input type="checkbox"/> G-1	
<input type="checkbox"/> G-2	
<input type="checkbox"/> SDD	
<input type="checkbox"/> Resort Class C	
<input type="checkbox"/> Resort A-Hotel	
<input type="checkbox"/> Resort B-Hotel	
<input type="checkbox"/> Resort Tavern	
<input type="checkbox"/> Resort G-1	
<input type="checkbox"/> Resort G-2	
<input type="checkbox"/> Other: _____	

Before or After Hours For: _____

(Food, Bowling, Golf, Ski, Misc.)

☐ Outdoor Service ☐ Topless Activity

4. New Manufacturer or Wholesale Applicants (Check one)

<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Brewer	<input type="checkbox"/> Manufacturer of Mixed Spirit Drinks
<input type="checkbox"/> Wine Maker	<input type="checkbox"/> Manufacturer of Spirits	<input type="checkbox"/> Outstate Seller of Mixed Spirit Drinks
<input type="checkbox"/> Small Wine Maker	<input type="checkbox"/> Industrial Manufacturer	<input type="checkbox"/> Outstate Seller of Wine
<input type="checkbox"/> Wine Maker Wine Tasting Room	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Outstate Seller of Beer
<input type="checkbox"/> Micro Brewer	<input type="checkbox"/> Brewpub	<input type="checkbox"/> Other: _____

5. Names of Current Licensees: _____
6. Current Licensed Address: _____
7. Proposed Licensed Address: _____
8. Briefly describe this business, for instance - Drug Store, Restaurant, Party Store, Wholesaler, Wine Maker, Etc. _____

9. This proposed licensed business will be owned by: (check one)

- ☐ Me as the individual owner ☐ The named corporation ☐ The named Liability company
☐ The following partners (indicate limited partners with an "L" before their name)

Partnership Information: (attach additional sheet if necessary)

Name of Partners	Home Address	Phone Number

* All general partners must complete & submit an LC 621, "Individual, General Partner, Stockholder or Member Questionnaire."
All limited partners must complete & submit an LC 38, "Limited Partner, Stockholder or Member Statement."

10. Personal Information - Individual Applicants and Partnership Members Only

Sex	Height	Weight	Hair Color	Eye Color
Male	5'10"	180	Brown	Blue
Female	5'6"	140	Blonde	Green
Male	6'2"	220	Black	Brown
Female	5'4"	120	Red	Blue
Male	5'8"	160	Grey	Grey
Female	5'7"	150	Black	Blue
Male	6'0"	200	Brown	Brown
Female	5'5"	130	Blonde	Green
Male	5'9"	170	Black	Blue
Female	5'3"	110	Red	Brown

Date of Birth _____ Place of Birth _____ Social Security No. _____

If you are not a US Citizen - Are you a registered alien? ☐ Yes ☐ No **Or, Do you have a Visa?** ☐ Yes ☐ No

Full name of spouse:

Have you ever legally changed your name? ☐ Yes ☐ No If Yes, FROM _____
TO _____

Have you been known by other names? ☐ Yes ☐ No List names:

Have you ever been arrested? ☐ Yes ☐ No If Yes, list all arrests, excluding minor traffic offenses (include alcohol arrests):

DATE	PLACE	CHARGE	DISPOSITION

List your former occupations for the past 3 years:

* attach additional sheet if necessary

From-To DATES mm-dd-yyyy format	OCCUPATION	EMPLOYER NAME AND ADDRESS
to		
to		
to		

I or my spouse previously held or now hold interest in the following licenses for sale of alcoholic beverages as sole licensee, partner or corporation:

NAME OF LICENSEE	TYPE OF LICENSE	LOCATION	DATE

Do you or your spouse hold any law enforcement powers including powers of arrest? ☐ Yes ☒ No

11. Limited Partnerships-is the limited partnership authorized to do business under the laws of Michigan?

Yes ☐ No ☐ Date authorized: _____

12. Corporate & Limited Liability Company Applicants Only - stockholders/members must complete a separate survey

Note: Attach copy of filed/proposed Articles of Incorporation, last annual report/statement filed & attach copy of stock options.

Corporate/LLC Name:	Incorporated/Organized in what State?
	Alabama

Person(s) authorized to sign the application and any documents required by the MLCC:

(Check one of each) ☐ Profit or ☐ Non-profit Corporation ☐ Public or ☐ Private Corporation

Date last annual report / statement filed with Michigan Corporation & Securities: _____

Corporate Officers:	NAME	ADDRESS	PHONE NUMBER
President	_____	_____	_____
Vice-President	_____	_____	_____
Secretary	_____	_____	_____
Treasurer	_____	_____	_____

13. Corporations and Limited Liability Companies - List all persons, companies and other entities who hold or will hold stock interest or membership interest in applicant entity.

	NAME	ADDRESS	PHONE #	% INTEREST
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

***Note:** All persons, companies and other entities holding 10% interest or more must complete and submit an "Individual, General Partner, Stockholder or Member Questionnaire" (LC-621). All persons, companies and other entities holding less than 10% interest, must complete and submit a "Limited Partners, Stockholders or Members Statement" (LC-38).

14. Financial Details - All Applicants

(A) Source of funds used to establish business, or which will be used to purchase this business, list name address and amount of all money lenders. Money lenders to fill out special "Statement of Money Lender" form enclosed.

Name	Address	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

(B) Attorney or representative

Name	Address	Phone Number
_____	_____	_____

(C) Real estate is owned by

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____

(D) Realtor/Broker

Name	Address	Phone Number
_____	_____	_____

(E) Accountant or Bookkeeper

Name	Address	Phone Number
_____	_____	_____

15. Transaction Details - All Applicants

- Note
- Any balance owed on the business selling price must be secured by a non-title retaining instrument such as a promissory note, security agreement, etc.
 - Land contracts are not acceptable as security for any unpaid balance to be owed on the business portion of the sale.
 - Business, fixtures and equipment cannot be listed on land contracts or real estate mortgages.
 - All alcoholic beverage inventory must be paid for in cash at the time of transfer and not by installment payments.
 - Acceptable lease agreements must be provided if ownership of real estate is not in the names of applicants.
 - Purchasers of "ON-PREMISES" licensed establishments are required to have 10% of the purchase price for the licensed business, excluding real estate, in their own funds.

Business/Fixtures/Equipment \$ _____

Goodwill (if applicable) \$ _____

Covenant not to compete (if applicable) \$ _____

Alcoholic beverages (estimate) \$ _____

Other inventory (estimate) \$ _____

TOTAL COST OF BUSINESS \$

Down Payment \$

BALANCE OWED \$

Land \$ _____

Building(s) \$ _____

Other \$ _____

TOTAL REAL ESTATE COSTS \$

Down Payment \$

BALANCE OWED \$

Secured by \$

For balance owed - explain:

• Terms:

For balance owed - explain:

• Terms:

• Collateral:

• Collateral:

The Commission wishes to warn all applicants for licenses not to invest any money or to commit themselves by any binding agreements in the expectation of being issued a license for sale of alcoholic beverages until officially notified by the Commission that their application has been approved.

WARNING! Section 436.2003 of the Liquor Code provides:

"A person who makes a false or fraudulent statement to the commission, orally or in writing, for the purpose of inducing the commission to act or refrain from taking action, or for the purpose of enabling or assisting a person to evade the provisions of this act is guilty of a violation of this act and is punishable in the manner provided for in section 909. Further, the rules and regulations of the Commission entitled "General Rules" provide: "A licensee shall not obtain a license for the use or benefit of another person whose name does not appear on the license nor shall a licensee allow a person whose name does not appear on the license to use or benefit from the license," and, "A licensee shall not sell or transfer an interest in a business licensed by the Commission without the prior written approval of the Commission."

I hereby authorize investigators of the Michigan Liquor Control Commission to obtain all documents, accounts, books, records and tax returns pertaining to myself and this business. I hereby swear that I have read all of the above answers and that they are true and further that I have read and understand the warning.

Application Date
(MM/DD/YYYY)

Signature of Applicant
(if applicant is a corporation, include title of signor)

Name of person completing this form if not the applicant



Michigan Department of Licensing and Regulatory Affairs
Liquor Control Commission (MLCC)
7150 Harris Drive, P.O. Box 30005 - Lansing, Michigan 48909-7505
(517) 322-1400 - toll free (866) 813-0011 - www.michigan.gov/lcc

FOR MLCC USE ONLY

Business ID: _____

Request ID: _____

**Specific Purpose Permit Checklist
(Authorized by R436.1437)**

Notice: This form is intended for current license holders only.

Read through the following requirements closely and check that each box is completed prior to submitting your application to our office.

☐ Complete form LC-1112 (On-Premises Specific Purpose Permit Application)

☐ \$70.00 Inspection fee: Please submit with your signed application.

The fees must be paid by check, bank/postal money order (made payable to "State of Michigan/MLCC") or by credit card, using the attached Credit Card Authorization Form LC-65.

This document is intended for reference purposes only.

For assistance or questions with your application please contact our office at (517) 322-1400 or toll-free at (866) 813-0011



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7150 Harris Drive, P.O. Box 30005 - Lansing, Michigan 48909-7505
(517) 322-1400 - toll free (866) 813-0011 - www.michigan.gov/lcc

FOR MLCC USE ONLY

Business ID: _____
Request ID: _____

On-Premises Specific Purpose Permit Application
(Authorized by MCL 436.1916 and R 436.1403)

Name of licensee: _____

Address of business: _____

License type and number: _____

Business Phone: _____ Fax number: _____ E-mail address: _____

R 436.1437 of the Michigan Administrative Code states in part that "The Commission may issue, to an on-premise licensee, a specific purpose permit that allows the licensee to have the premises occupied by customers at times other than the legal hours for sale and consumption..."

Identify the type of business you operate: _____

What type of specific purpose permit do you require? _____

Does your establishment have any of the following? (please check): ☐ Rooms for the lodging of guests ☐ Full-service kitchen

☐ Recreational facilities owned by the licensee on or adjacent to the licensed establishment ☐ *None of the above

Indicate the hours of operation that you will require for your Specific Purpose Permit (other than legal hours of operation): _____

Will the licensee be conducting the requested activity? ☐ Yes ☐ *No - Attach a copy of the concession and/or licensing agreement.

***Please submit form LC-1865 (Request for Waiver of Statute or Licensing Qualifications)**

It is understood that the licensee issued an extended hours permit shall not allow customers on the licensed premises during the time period provided by the extended hours permit unless the activities, and only those activities, allowed by the extended hours permit are occurring. If you apply for two (2) separate activities and the activities are for different hours you must fill out and attach a separate application. **This permit does not allow the sale, service, or consumption of alcoholic liquor during the extended hours.**

The licensee, an authorized corporate officer, or member of a limited liability company must sign this application.

Licensee signature _____

Print name and title _____

Date of Application _____

Issuance of this permit requires approval by your local law enforcement agency. If making application for extended hours for topless activity, dance and/or entertainment, a recommendation must also be approved by the local legislative body. **Please obtain the necessary approval(s) prior to the submission of your application.**

The Police Chief or Sheriff who has jurisdiction recommends this request.

Name and signature of police chief or sheriff _____

Print name of police agency _____

Address of Agency _____

Area code and telephone number _____

Date of Application _____

If requesting a specific purpose permit for topless activity, dance and/or entertainment, this application must be signed by the clerk.

This request was approved by the council on _____

City, village, township clerk signature _____

Print name of clerk _____

Address of city, village, township board _____

Area code and telephone number _____



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Liquor Control Commission (MLCC)
7150 Harris Drive, P.O. Box 30005 - Lansing, Michigan 48909-7505
(517) 322-1400 toll free (866) 813-0011 www.michigan.gov/lcc

Business ID: _____

Request ID: _____

CREDIT CARD AUTHORIZATION FORM

Name: _____ Transaction Amount: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Credit Card Number: _____

Check one: ☐  MasterCard ☐  Visa

Expiration Date: _____

This Payment
is for: _____

Signature: _____

Phone: _____

Notice: This form may be used for payment of goods and services offered by the Michigan Liquor Control Commission, with the exception of the purchase of alcoholic beverages.



Michigan Department of Licensing and Regulatory Affairs
MICHIGAN LIQUOR CONTROL COMMISSION (MLCC)
 7150 Harris Drive, P.O. Box 30005
 Lansing, Michigan 48909-7505

APPLICATION FOR SUNDAY SALES PERMIT

[Authorized by MCL 436.2111, MCL 436.2113 and MCL 436.2115]

FOR MLCC USE ONLY

Request ID # _____

Business ID # _____

- To be considered for the authorization for the Sunday Sales AM and/or Sunday Sales PM you must complete the application, sign the form and return the application to the address at the top of this form, or FAX the form to 517-322-6137. If you filled out the credit card authorization portion of this form, please fax the ENTIRE FORM to the secured fax line, 517-322-5237. MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS.

1. Applicant Identification

Name of Licensee(s) _____
 Business street address _____
 Governmental Unit _____ County _____
 Type of Licenses(s) _____

2. Nature of Application - (Check all that apply)

- ☐ Sunday Sales PM Spirits and Mixed Spirit Drink (12 noon – 2 a.m. Monday morning)
 This request is for On-Premises licensees (Class C, B-Hotel, Clubs, etc.) and SDD licensees only
 Additional 15% of the total On-Premises or SDD license Fee

- Sunday Sales PM allows the sale of spirits and mixed spirit drink unless prohibited in the county or local governmental unit where the licensed establishment is located.

ON-PREMISES LICENSEES (CLASS C, TAVERN, B-HOTEL, A-HOTEL, CLUBS, ETC.):

The sale of food and other goods and services must exceed or is proposed to exceed 50% of the total gross receipts. The Sunday Sale of spirits and mixed spirit drink will be invalidated if it is found that gross receipts derived from the sale of food and/or other goods and services (which can include beer and wine) do not exceed 50% of the total gross receipts (not including spirits), as required by section 1113 of the Liquor Control Code.

- ☐ Sunday Sales AM Beer, Wine, Spirits, and Mixed Spirit Drink (7 a.m. – 12 noon)
 This request is for all licensees, On-Premises and Off-Premises
 \$160 fee is required

- Sunday Sales AM allows the sale of beer, wine, spirits, and mixed spirit drink unless prohibited in the county and local governmental unit where the licensed establishment is located.

ARE THERE ANY COUNTY OR LOCAL GOVERNMENTAL PROHIBITIONS THAT WOULD PREVENT ISSUANCE OF THE REQUESTED PERMIT?

☐ Yes ☐ No

CONTINUED

WARNING TO ALL LICENSEES:

MCL 436.2003 of the Liquor Control Code provides:

"A person who makes a false or fraudulent statement to the Commission, orally or in writing, for the purpose of inducing the Commission to act or refrain from taking action or for the purpose of enabling or assisting a person to evade the provisions of this act is guilty of a violation of this act and is punishable in the manner provided for in section 909."

By signing below, the licensee states that the foregoing statements and information submitted are true and submitted to the MLCC for the purpose of requesting that the MLCC grant permission for sale of spirits, mixed spirit drink, beer and wine from the licensed premises on Sunday, under the provisions of Section 1111, Section 1113 or Section 1115 of the Liquor Control Code. The licensee further states that Section 1003 of the Liquor Control Code is understood. This form is to be signed by individual licensees, all members of a partnership, a Limited Liability Manager, and/or member, or an Authorized officer of a corporation (indicate office held).

By signing below, the licensee also understands that should the local governmental unit or county within which the business is located prohibit the Sunday Sale of spirits, mixed spirit drink, beer or wine in the future, Sunday Sales will no longer be permitted pursuant to Section 1111, Section 1113 or Section 1115 of the Liquor Control Code and the permit will be terminated accordingly.

Licensee Signature Title

Print Licensee Name Print Title Date

Licensee Signature Title

Print Licensee Name Print Title Date

Credit Card Information

If you fill this portion out, please fax the ENTIRE FORM to the secured fax number 517-322-5237.

Name: _____

Address: _____

City, State, Zip _____

☐ MasterCard or ☐ Visa Transaction Amount: _____

Credit Card Number: _____ Exp. Date _____

Payment rendered for: _____

Signature _____
Date _____

NOTICE This form may be used for payment of goods and services offered by the Michigan Liquor Control Commission, with the exception of the purchase of alcoholic beverages.



Business Id -
 Applicant/Licensee -
 DBA Name -
 Address -
 Request Id: 571

Date Summary

Activity Date	Request Activity
10/08/2010	INITIAL APPLICATION RECEIVED BY MLCC
10/13/2010	APPLICATION REVIEWED BY MLCC LICENSING
10/20/2010	ADDITIONAL DOCUMENTS/FEEES REQUESTED
10/27/2010	DOCUMENTS/FEEES RECEIVED
11/09/2010	READY TO AUTHORIZE FOR INVESTIGATION
11/12/2010	AUTHORIZED FOR INVESTIGATION
11/18/2010	ENFORCEMENT INVESTIGATION ASSIGNED TO INVESTIGATOR . CELL PHONE:
11/23/2010	INITIAL LIST RELEASED BY MLCC ENFORCEMENT
12/10/2010	MLCC ENFORCEMENT RELEASED LOCAL RESOLUTION TO CITY/VILLAGE/TOWNSHIP CLERK
12/10/2010	MLCC ENFORCEMENT RELEASED POLICE INVESTIGATION REPORT FORMS TO LOCAL LAW ENFORCEMENT
01/07/2011	INITIAL DOCUMENTS RECEIVED BY MLCC ENFORCEMENT
01/10/2011	POLICE RECOMMENDATION RECEIVED
02/03/2011	INVESTIGATION RECEIVED FROM MLCC ENFORCEMENT
02/15/2011	LOCAL RECOMMENDATION RECEIVED
03/01/2011	TO ADMINISTRATION TO DOCKET FOR COMMISSION DECISION
03/15/2011	APPROVED
03/15/2011	APPLICATION RETURNED FROM ADMINISTRATION
03/21/2011	CHECK LIST OF REQUIRED FEES/DOCUMENTS RELEASED TO APPLICANT
03/23/2011	INVESTIGATOR FINAL RECEIVED
03/23/2011	POLICE FINAL RECEIVED
03/24/2011	FEES/DOCUMENTS RECEIVED BY MLCC
03/24/2011	FORWARDED TO RENEWAL FOR ISSUANCE
03/24/2011	APPLICATION COMPLETED
06/16/2011	SCHEDULED FOR COMMISSION MEETING
06/16/2011	COMMISSION ORDER AMENDED
06/17/2011	APPLICATION RETURNED FROM ADMINISTRATION

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Michigan Liquor Control Commission

Lansing, MI 48909-7505

Ph: 517-322-1400

Fx: 517-322-6137

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